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## BIB DATA SHEET

CONFIRMATION NO. 7400

| SERIAL NUMBER  | FILING or 371(c)<br>DATE<br>RULE  | CLASS  | GROUP ART UNIT  | ATTORNEY DOCKET<br>NO.          |                               |                                    |
|--|---|--|---|---------------------------------|-------------------------------|------------------------------------|
| 10/564,441   | 03/01/2006  | 435  | 1645  | SSI7USA                         |                               |                                    |
| <b>APPLICANTS</b><br>Soren Persson, Volosvej, DENMARK;<br>Flemming Scheutz, Sigerstedgade, DENMARK;<br><b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/DK04/00494 07/09/2004<br><b>** FOREIGN APPLICATIONS *****</b><br>DENMARK PA 2003 01070 07/14/2003<br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>05/23/2006 |   |  |   |                                 |                               |                                    |
| Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Verified and /JANA A HINES/<br>Acknowledged Examiner's signature   |   | <input type="checkbox"/> Met after Allowance<br>Initials | <b>STATE OR<br/>COUNTRY</b><br>DENMARK  | <b>SHEETS<br/>DRAWINGS</b><br>4 | <b>TOTAL<br/>CLAIMS</b><br>23 | <b>INDEPENDENT<br/>CLAIMS</b><br>2 |
| <b>ADDRESS</b><br>HOWSON AND HOWSON<br>SUITE 210<br>501 OFFICE CENTER DRIVE<br>FT WASHINGTON, PA 19034<br>UNITED STATES  |   |  |   |                                 |                               |                                    |
| <b>TITLE</b><br>Diagnostics of diarrheagenic escherichia coli (dec) and shigella spp   |   |  |   |                                 |                               |                                    |
| <b>FILING FEE<br/>RECEIVED</b><br>1180   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                 |                               |                                    |